

FOR SCSL USE ONLY --
LSTA Sub-Grant Award # _____
FFY 2006 Program Funds
CFDA No. 45.310
Appropriations enacted by P.L. 109-149

#LS-00-06-0041-06
South Carolina State Library
1430 Senate Street
P.O. Box 11469
Columbia, S.C. 29211

TUITION ASSISTANCE GRANTS FOR S.C. PUBLIC LIBRARY STAFFS
P.L. 108-81, As Amended -- FFY 2006 Program Funds

Application -- Part I of III

Please return one (1) original and one (1) copy of this application to:

*ATTN: Continuing Education Coordinator
South Carolina State Library
P.O. Box 11469
Columbia, SC 29211*

Relationship to the State Library's 5-Year Plan

Goal 1 – Enhance the informational services environment of South Carolinians by improving access to library resources and materials through the superior guidance and training of professional librarians and support staff.

Relationship to LSTA Purposes

Purpose #1 - Expanding services for learning and access to information and educational resources in a variety of formats, in all types of libraries, for individuals of all ages.

Estimated number of persons in target audience for grant: _____

This is an estimate of the number in the target group who will likely experience a direct benefit/improvement in the level and quality of library service as a result of the LSTA funded coursework. For example, if the coursework involves library services to pre-school children, enter the number of children under 6 years of age that may potentially benefit.

- I. The Board of the _____ Library, in order to improve library service through the academic training of library personnel, submits this application for a Library Services and Technology Act grant of \$ _____.
- II. The Board proposes to use the funds in accordance with the project described in the application. The Board agrees that the amount of local funds budgeted for library service will not be reduced due to receipt of grant funds.
- III. Participants may be required to submit an article, newspaper interview, or make formal or informal presentations at South Carolina State Library sponsored workshops and events.

Applicant Signature (*Applicant is the library, not the participant*) _____
Signature (*Library Director or Board Chair*)

Date: _____

NOTE: Neither the preparation nor the submission of an application guarantees final approval of an LSTA CE sub-grant request.

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FFY 2006 PROGRAM FUNDS, P.L. 108-81, As Amended

Application -- Part II of III

Please return one (1) original and one (1) copy of this application to:
ATTN: Continuing Education Coordinator, South Carolina State Library, P.O. Box 11469, Columbia, SC 29211

THIS CONTRACT PAGE MUST BE COMPLETED BY THE LIBRARY DIRECTOR

Please complete a separate page for each participant. Library directors applying for tuition assistance grants should consult with their library board chairs.

This grant will be awarded by the Board to _____, who began full-time employment on _____, and currently holds the position of _____ and works _____ hours per week.

1. Describe the current position and responsibilities of the above named participant.
2. Describe how the coursework that is to be funded by the LSTA grant will improve the level of services provided by the library to its clientele. Please be specific and include a description of the target group and their need for the services or expertise that is expected as a result of the staff member's participation and completion of the coursework. *(See LSTA Guidelines, Chapter VII, "LSTA Project Application Process," and "Appendices – User Descriptors")*

The Library Director's signature below certifies that the participant is pursuing an MLS degree in an ALA-approved graduate program.

Signature: _____
(Library Director or Board Chair)

Date: _____

**Attach additional sheets as needed.*

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FFY 2006 PROGRAM FUNDS, P.L. 108-81, As Amended

Application -- Part III of III

Please return one (1) original and one (1) copy of this application to:
ATTN: Continuing Education Coordinator, South Carolina State Library, P.O. Box 11469, Columbia, SC 29211

THIS CONTRACT PAGE MUST BE COMPLETED BY THE PARTICIPANT

Note: Participant must have successfully completed at least nine (9) hours of coursework in library and information studies. Please complete a separate page for each course for which tuition assistance is desired.

Title and number of course:

Academic term and date(s): _____

Academic institution: _____ Credit hours: _____

Participant's Name and Title (Please print): _____

Proposed Budget:

| | | Matching Funds** | | | TOTAL EXPENSES |
|--------------------|------------|------------------|-------|-------|----------------|
| | LSTA Funds | State Aid | Local | Other | |
| Tuition | | | | | |
| Fees for Materials | | | | | |
| TOTAL | | | | | |

****Attach a separate sheet.** Specify which matching dollar amounts are in-kind contributions (the value of goods and services provided toward the project, e.g., staff time). Cash support (34%) is the preferred match. Only include expenses that are applicable to the tuition assistance program. **Grant funds may be no more than 66% of the total of all expenses.**

NOTE: Include a copy of the institution's course description.

I have been fully accepted into an ALA-accredited MLS program at _____.

I have completed _____ credit hours toward my MLS degree.
(A copy of graduate transcripts must accompany requests for tuition assistance.)

My current GPA is _____.

Narrative Section

ATTACH A SEPARATE SHEET. Describe your expectation as to how this course that is to be funded by the LSTA grant will improve the level of services provided by the library to its clientele. Please be specific and include a description of the target group and their need for the services or expertise that is expected as a result of your participation in and completion of the course. (See LSTA Guidelines, Chapter VII, "LSTA Project Application Process," and "Appendices – User Descriptors")

Participant's Signature:

Date:
